

# 2026 BENEFITS AT A GLANCE

Plan Year: 01/01/2026- 12/31/2026



<b>Eligibility</b>	Regular full-time employees and employees working 30 hours per week or more are eligible to participate in the benefit plans. <b>Your coverage is effective first of the month following 60 days of your date of hire.</b>
<b>Your Eligible Dependents</b>	Your eligible dependents include: <ul style="list-style-type: none"> <li>Your legal spouse</li> <li>Your children (up to age 26) including natural children, stepchildren, legally adopted children, children placed for adoption, children for whom you serve as legal guardian</li> <li>Disabled dependent child(ren) of any age</li> </ul>

## Medical Plans - BlueCross BlueShield

### Key Features of Your Medical Plan Offerings

<b>Networks</b>	Visit <a href="http://www.bcbstx.com">www.bcbstx.com</a> to find in-network providers. <ul style="list-style-type: none"> <li>Both medical plans utilize the <b>Blue Choice Network</b>; if you go out of network the services will not be covered unless it is a true emergency.</li> </ul>
<b>Preventive Care</b>	Preventive Care is covered at 100% when you use an in-network provider.
<b>Specialist Visits</b>	No referrals are required to see a specialist.

	HDHP 3500	Base 2000	Buy Up 500
<b>DEDUCTIBLE</b>	In-Network	In-Network	In-Network
Individual   Family	\$3,500   \$7,000	\$2,000   \$6,000	\$500   \$1,500
Member Coinsurance	0%	20%	20%
<b>MEMBER COPAYMENT(S)</b>			
Primary Care (PCP) - Office Visit	0% after Deductible	\$35 copay	\$35 copay
Specialist - Office Visit	0% after Deductible	\$70 copay	\$70 copay
Preventive Care	<b>100% Covered</b>	<b>100% Covered</b>	<b>100% Covered</b>
Diagnostics - Lab / X-Rays	0% after Deductible	No Charge	No charge
Imaging - CT / PET scans / MRIs	0% after Deductible	20% after Deductible	20% after Deductible
Inpatient Hospitalization	0% after Deductible	20% after Deductible	20% after Deductible
Urgent Care Facility	0% after Deductible	\$75 copay	\$75 copay
Emergency Room Visit	0% after Deductible	\$500 copay plus 20% after Deductible	\$500 copay plus 20% after Deductible
Retail Rx Copays (30-Day Supply)	0% after Deductible	\$0/\$10/\$50/\$70	\$0/\$10/\$50/\$70
Mail Order (90-Day Supply) Generic / Preferred / Non-Preferred	0% after Deductible	3x Retail	3x Retail
<b>OUT-OF-POCKET (OOP) MAXIMUM</b>			
Individual   Family	\$3,500   \$7,000	\$6,000   \$15,700	\$3,500   \$10,500

### RATES PER PAY PERIOD (24 PAY-PERIODS)

Employee Only	\$94.89	\$146.14	\$189.16
Employee + Spouse	\$465.65	\$554.29	\$628.72
Employee + Child(ren)	\$380.04	\$458.00	\$523.46
Family	\$679.77	\$795.14	\$892.00

# Dental Plan - Guardian®

In-Network		
	DHMO LOW PLAN	DPPO HIGH PLAN
<b>DEDUCTIBLE</b>		
Individual   Family	-	\$50   \$150
<b>COVERED SERVICES</b>		
Preventive Services	No Charge	Covered at 100% <i>*Deductible waived for preventative services</i>
Basic Services	Scheduled Fees	Covered at 80% After Ded.
Major Services	Scheduled Fees	Covered at 50% After Ded.
Orthodontia Services <i>Adult and Child</i>	Scheduled Fees	N/A
Orthodontia Lifetime Maximum	-	N/A
Out-of-Network Reimbursement	N/A	90% of the Usual & Customary Charges <i>You are responsible for any amounts billed over the allowed amount</i>
<b>ANNUAL MAXIMUM</b>		
Maximum Benefit	-	\$1,000 per person
<b>RATES PER SEMI-MONTHLY PAY PERIOD (24 per year)</b>		
Employee Only	\$5.26	\$20.54
Employee + Spouse	\$8.58	\$40.90
Employee + Child(ren)	\$12.08	\$42.84
Employee + Family	\$13.37	\$63.00

# Vision Plan - Guardian®

	In-Network	Out-of-Network
<b>NETWORK</b>	VSP Choice	
Vision Exam	\$20 copay	Up to \$39 reimbursement
<b>COVERED SERVICES - LENSES / FRAMES</b>		
Single Lenses	\$20 copay	Up to \$23 reimbursement
Bifocals	\$20 copay	Up to \$37 reimbursement
Trifocals	\$20 copay	Up to \$49 reimbursement
Frames	\$150 allowance; 20% off extra	Up to \$46 reimbursement
Contact Lenses (elective)	\$150 allowance	Up to \$100 reimbursement
<b>BENEFIT FREQUENCY</b>		
Exams	Once every 12 months	Once every 12 months
Lenses/Contacts	Once every 12 months (contacts in lieu of frames/lenses)	Once every 12 months (contacts in lieu of frames/lenses)
Frames	Once every 24 months	Once every 24 months
<b>RATES PER SEMI-MONTHLY PAY PERIOD (24 per year)</b>		
Employee Only	\$3.77	
Employee + Spouse	\$7.15	
Employee + Child(ren)	\$7.52	
Employee + Family	\$11.05	

# Life and AD&D Insurance - Guardian®

<b>Basic Life &amp; AD&amp;D Insurance</b>	Each benefit eligible employee is automatically enrolled in Basic Life and Accidental Death & Dismemberment (AD&D) Insurance at no cost. The plan pays <b>\$15,000</b> . This benefit amount reduces by 35% of the original amount at age 65 and by 45% at age 70. <b>This benefit is provided to you at no cost.</b>
<b>Voluntary Life/AD&amp;D Insurance</b>	If you need additional protection beyond the company-paid Basic Life Insurance, you may purchase Voluntary Term Life and AD&D Insurance for yourself and your eligible dependents. You may elect in increments of <b>\$10,000 up to \$500,000</b> in coverage for <b>yourself</b> , increments of <b>\$5,000 up to \$250,000</b> for your <b>spouse</b> and <b>up to \$10,000</b> for your <b>children</b> . <b>This is an employee paid benefit.</b>

# Disability Benefits - Guardian®

<b>Voluntary Short-Term Disability</b>	For approved disabilities, benefits begin after the <b>0/7-calendar day elimination period for injury/illness</b> . This voluntary policy pays <b>60% of your weekly income up to \$1,000 per week</b> until the employee returns to duty or has been disabled for <b>up to 13 weeks</b> ; whichever occurs first. <b>This is an employee-paid benefit.</b>
<b>Long-Term Disability</b>	For approved disabilities, benefits begin after the <b>90-calendar day elimination period</b> . This voluntary policy pays <b>50% of your monthly income up to \$6,000 per month</b> until the employee returns to duty or until age 65; whichever occurs first. <b>This is provided to you at no extra cost.</b>

# Voluntary Benefits - Guardian®

<b>Accident Insurance</b>	Accident insurance is an extra layer of protection that pays you cash when you suffer a qualifying accident. It provides you money to cover any extra expenses associated with your injury. The money you receive from your accident insurance can be used however you want as you recover from your injuries. This plan covers accidents like broken bones, severe burns, and emergency room visits. <b>This is an employee paid benefit.</b>
<b>Critical Illness Insurance</b>	Critical illness insurance pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like; for example: to help pay for expenses not covered by your medical plan, lost wages, childcare, travel, and any regular household expenses. Critical illnesses include stroke, heart attacks, Parkinson's, cancer, and more. <b>This is an employee paid benefit.</b>

# Additional Benefits

<b>Health Savings Account (HSA)</b>	A Health Savings Account (HSA) is a tax-advantaged personal savings account that can be used to pay for medical, dental, vision and other qualified expenses now or later in life. To contribute to an HSA, you must be enrolled in a qualified high-deductible health plan (HDHP) and your contributions are limited annually. <b>The Marbridge Foundation is contributing \$50 per month (\$600 annually) to your HSA.</b>  <b>2026 MAXIMUM CONTRIBUTION LIMIT: \$4,400 Individual   \$8,750 Family</b>
<b>Employee Assistance Program (EAP)</b>	Your Employee Assistance Program (EAP) and work-life/well-being resource is available any time 24/7 to help you find answers to questions about work, life, health, family, or money. They offer expert advice, support, practical resources, and referrals to help you manage life's issues and challenges.







# Monthly Voluntary Plan Rates

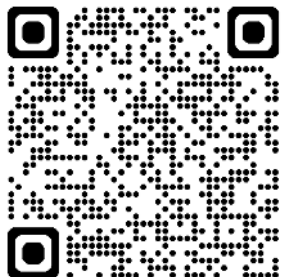
<b>Age Band</b>	<b>Voluntary STD</b> (rate per \$10)	<b>Critical Illness</b> (rate per \$1,000)
15-24	\$0.537	\$0.690
25-29	\$0.537	\$0.690
30-34	\$0.740	\$0.980
35-39	\$0.527	\$0.980
40-44	\$0.346	\$1.860
45-49	\$0.335	\$1.860
50-54	\$0.353	\$3.340
55-59	\$0.396	\$3.340
60-64	\$0.619	\$5.290
65-69	\$0.619	\$5.290
70+	\$0.619	\$10.240

<b>Tier</b>	<b>Accident Insurance</b>
Employee	\$16.23
Employee + Spouse	\$26.88
Employee + Child(ren)	\$27.71
Family	\$38.36

# IMPORTANT CONTACT INFORMATION



PLAN	PROVIDER	POLICY #	CONTACT INFORMATION
MEDICAL	 <b>BlueCross BlueShield</b>	380225	(800) 521-2227 <a href="http://www.bcbstx.com">www.bcbstx.com</a>
PHARMACY			
VIRTUAL VISITS			
DENTAL	 <b>Guardian</b>	372414	(888) 482-7342 <a href="http://www.guardianlife.com">www.guardianlife.com</a>
VISION			
LIFE AND AD&D			
DISABILITY			(855) 492-9028 <a href="http://www.vsp.com">www.vsp.com</a>
VOLUNTARY BENEFITS			
HEALTH SAVINGS ACCOUNT (HSA)	 <b>PNC</b>	-	
EMPLOYEE ASSISTANCE PROGRAM (EAP)	 <b>Guardian</b>	372414	(888) 482-7342 <a href="http://www.guardianlife.com">www.guardianlife.com</a>
ENROLLMENT PORTAL	 <b>ExponentHR</b>		<a href="http://www.exponenthr.com/service/EmpLogon.asp">www.exponenthr.com/service/EmpLogon.asp</a>



## Need more details?

Visit Marbridge Foundation's Virtual Benefits Guide at: <https://digital.nfp.com/preview/vlp/marbridge2026> or scan this QR Code